

Reimbursement Policy Updates - December 2018

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“Rule of Eight” Reporting Guidelines for Physical Medicine and Rehabilitation Services - Professional

Please note: We have updated the title of our “Rule of Eight” Reporting Guidelines for Physical Medicine and Rehabilitation Services reimbursement policy to *Guidelines for Reporting Timed Units for Physical Medicine and Rehabilitation Services*.

System updates for 2019 - Professional

As a reminder, our claim editing software will be updated monthly throughout 2019 with the most common updates occurring in quarterly in February, May, August and November of 2019. These updates will:

- reflect the addition of new, and revised codes (e.g. CPT, HCPCS, ICD-10, modifiers) and their associated edits
- include updates to National Correct Coding Initiative (NCCI) edits
- include updates to incidental, mutually exclusive, and unbundled (rebundle) edits
- include assistant surgeon eligibility in accordance with the policy
- include edits associated with reimbursement policies including, but not limited to, frequency edits, bundled services and global surgery preoperative and post-operative periods assigned by The Centers for Medicare & Medicaid Services (CMS)

Modifier 79 -Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional during the Postoperative Period -Professional

This coding tip is based on recent findings for claims processed with modifier 79 during a postoperative period. *Current Procedural Terminology* (CPT®) specifically states modifier 79 should be reported by the same individual when reporting unrelated procedures or services during the postoperative period. For example, this modifier is used when a patient presents with a problem that is unrelated to a previous surgery (yet within the postoperative period) and requires additional services by the **same provider/individual**. When modifier 79 is appended for a different provider (e.g. Nurse Practitioner or Physician Assistant) during the postoperative period the claim line will deny.

In addition to modifier 79, modifiers 58 and 78 are also based on **Same Physician or Other Qualified Health Care Professional** as documented below:

- 58 – Staged/Related Procedure/Service by the Same Physician/Other Qualified Health Care Professional during the Postoperative Period.
- 78 – Unplanned Procedure/Service by Same Physician/Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure during the

Postoperative Period.

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